2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
04-28-2000 90070 005 ***150.00

DOCUMENT # ~~[illegible]~~ # 683788

1. Entity Name

RICHELIEU TOWERS(~~[illegible]~~), INC.
(TYLER)

Principal Place of Business	Mailing Address
C/O SILVER & WALDMAN P.A. 800 BRICKELL AVENUE STE. 902 MIAMI FL 33131	C/O SILVER & WALDMAN P.A. 800 BRICKELL AVENUE STE. 902 MIAMI FL 33131-2968

2. Principal Place of Business		3. Mailing Address	
1281 GULF of MEXICO DR		1281 GULF OF MEXICO DR.	
Suite, Apt #, etc. #306		Suite, Apt. #, etc. #306	
City & State LONG BOAT KEY, FLA		City & State LONG BOAT KEY, FLA.	
Zip 34228	Country USA	Zip 34228	Country USA

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2041~~[illegible]~~ 1525 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SILVER, PATRICIA M 800 BRICKELL AVENUE, STE. 902 MIAMI FL 33131	Name MARTIN CHASSON Street Address (P.O. Box Number is Not Acceptable) 1281 GULF OF MEXICO DRIVE #306 City LONG BOAT KEY FL Zip Code 34228

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] MARTIN CHASSON - P. APRIL 24, 2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CHASSON, MARTIN 2 ST. CLAIR AVE, W. 3900, TORONTO, ONTARIO CANADA M4V IL5	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2 ST. CLAIR AVE WEST. #900 TORONTO, ONT. CANADA M4V 1L5
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SILVER, PATRICIA M 800 BRICKELL AVE. #902 MIAMI FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] - MARTIN CHASSON P - APR 24/00 416 925-8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #